Staff use: Date	
Time	

## SUBDIVISION PREAPPLICATION REQUEST FORM

Flathead County Planning and Zoning 1035 First Avenue West, Ste. C200 Kalispell, MT 59901 Tel 406-751-8200 Fax 406-751-8210

Please complete the following questions and attach required supporting documents. Upon receipt, a planner will contact you to schedule a preapplication conference.

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1. PROPERTY OWNER:					
2. SUBDIVIDER (if different):					
3. TECHNICAL ASSISTANCE	:		PHONE		
4. PROPERTY INFORMATIO	N: Tract	Section	Township	Range	
Subdivision/ Lot, if any		Assessor's	Number		
Physical Address		Acres	Acres Fire District		
Zoning	Neighborhood Plan		_ School District		
Adjacent Lot Sizes	Environmental C	onstraints			
5. PROPOSAL: Working Title of Subdivision			Number of Lots or	· Units	
		ipporting documentation)		Major	
Check if any of following apply:	RV or Mobile Home F	Park	Condominiums	Campground	
Uses:	Single-family		Townhouse	Duplex	
	Multifamily		Commercial	Industrial	
	tach all of the following do	ocuments: wing minimum ½ mile radio	us recommended		
Vicinity map (8 ½" x 11"	minimum)				
General site information:					
	Approximate boundaries of existing tract		Wildlife range		
	Existing structures and public improvements		Steep Slopes		
	Known easements and rights of way		Wetlands		
	Water resources (rivers, streams, pothole lakes) the original tract of record as of July 1, 1973		100-year floodplain		
Documentation of the	original tract of record as o	of July 1, 19/3			
Concept Plan (11" x17" n	ninimum): please attach all	applicable information			
Tract and lot lines	Location of Utilities (electric, water, sanitation)		Building Sites, if necessary		
Proposed access	Existing buildings, dri	veways, and roads	Proposed Public Improvement		
Easements and Right-o	of-Ways Any parks.	common areas, or open spa	ces		

Thank you for providing a complete meeting request, allowing us to offer you a more accurate review of your application.

Additional information may be requested at a later point.